The Maryland
Department of Juvenile Services

Joint Chairmen's Report

December 1, 2003

IMPLEMENTATION OF THE WRAPAROUND SERVICES DELIVERY APPROACH
TO YOUTH IN THE JUVENILE JUSTICE SYSTEM

Every child will become a self-sufficient productive adult.

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lt. Governor

Kenneth C. Montague, Jr.
Secretary

ACKNOWLEDGEMENT

The Department of Juvenile Services would like to recognize the members of the Governor's Council on Parental Relinquishment of Custody to Obtain Health Services as well as the House Bill 1386 Planning Committee for their contributions to this Report. Members of the House Bill 1386 Community Based Services Subcommittee were specifically tasked with the charge with exploring Wraparound in Maryland and are therefore acknowledged in Appendix A. The Wraparound planning process has been a common theme addressed throughout the work of the Governor's Council, the 1386 Planning Committee and the Community Based Service Subcommittee. The Department of Juvenile Services appreciates the ongoing collaboration displayed by the multiple partners involved in this project.

Special consideration and gratitude is also extended to Dr. Eric J. Bruns from the University of Maryland School of Medicine, Department of Psychiatry. Dr. Bruns dedicated many hours of his personal time contributing to this Report. Dr. Bruns is also to be credited for introducing the *National Wraparound Initiative* to the State of Maryland. As is discussed in the body of this Report, the bringing of national experts to this State to assist us in the creation of a Wraparound model for Maryland will not only gain the State valuable recognition, but it is hoped that such efforts will assist in leveraging further federal funding.

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Wraparound Report

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I. LEGISLATIVE REQUEST:

One of the planks of the Governor's proposed reforms for the Department of Juvenile Justice (DJJ) is to deliver on the promise of providing a comprehensive and coordinated package of services that youth in the juvenile justice system and their families typically need.[1] These services are often delivered through service delivery systems overseen by multiple State and local agencies. This so-called wraparound approach, i.e., the coordination of services between various agencies, has been an elusive goal in Maryland for well over a decade. The committees request DJJ , together with other child-serving agencies, report back to them by December 1, 2003, detailing what they see as the components of a successful wraparound model, what changes are needed to existing service delivery systems (including an assessment of existing collaboration), and a time-table for implementation of needed changes together with detailed budget estimates.

II. DEFINITION OF WRAPAROUND:

Wraparound is ". . . a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes."[2] Wraparound is child and family centered, focuses on child and family strengths, and is community based, culturally relevant, flexible and coordinated across agencies. The following are examples of traditional and non-traditional services and supports that are available in most communities and should be utilized in a Wraparound model:[3]

Examples of Traditional Formal Services:

- Case Management
- In-home support
- Therapy/clinic and in-home
- Day treatment
- After school programs
- Respite
- Medication Services
- Foster Care
- Group Homes

[1] Joint Chairmen's Report is dated April 2003 and as of that date the name of the department had not been changed to the Department of Juvenile Services.

[2] Bruns, B. & Hoagwood, K. (Eds.) *Community-Based Interventions for Children and Families*. Oxford: Oxford University Press.

[3] *Report of Joint Baltimore City/Montgomery County Child Work Group Executive Summary* (31 July 2003). Prepared for the Department of Health and Mental Hygiene Medicaid and Mental Hygiene Administrations under *The Real Choices System Change Grant*, p. 8. This document was developed under Grant No. 18-P-91593/3-01 from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. However, the contents herein do not necessarily represent the policy of the U.S. Department of Health and Human Services, and do not imply endorsement by the Federal government. Please include this disclaimer whenever copying or using all or part of this document in dissemination activities.

Examples of Non-Traditional Services/Supports:

- Community camps
- Big Brother/Big Sister
- Art Opportunities in the community such as music lessons
- Mentoring and tutoring in the community
- Family support activities and educational programs
- Family partners who assist enrolled families
- Recreation and participation in athletics and sports leagues
- Community conferencing and other dispute resolution mechanisms

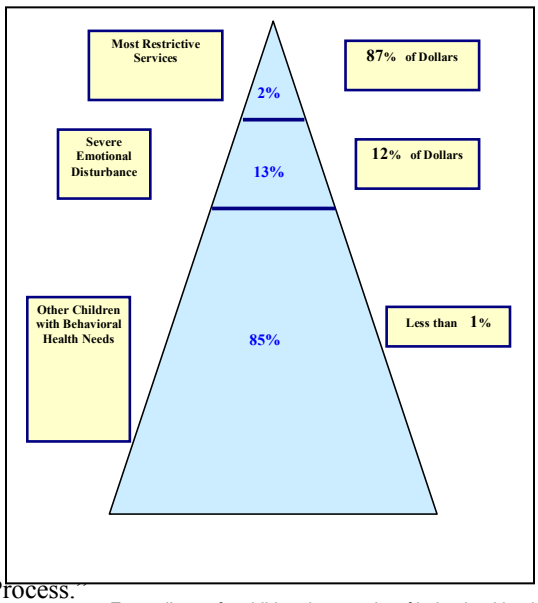
Examples of Informal Services:

- Support in working as a volunteer
- Building natural neighborhood support groups
- Rites of passage programs

These services and supports include the following ten philosophical elements, which encompass a model Wraparound process: (i) Community-based, (ii) Team-driven, (iii) Families are partners, (iv) Individualized and strengths-based, (v) Culturally Competent, (vi) Flexible funding, (vii) Balance of formal and informal supports, (viii) Unconditional commitment, (ix) Collaboration, and (x) Outcomes determined and measured.[4] The purpose of the Wraparound process is to treat the child in the community and form a team around the child and family. The team is comprised of persons who have a vested interest in seeing the child and family succeed in keeping the child safe and thriving in the community. Team members may include family members, service providers, as well as members of the family's natural and community support networks.[5] (For a Wraparound case example that encompasses the ten philosophical elements please reference to Appendix B.)

In Maryland and nationwide, finding effective treatment models for children and adolescents with serious emotional, behavioral, and mental health needs has posed a serious challenge. Public systems such as child welfare, juvenile justice, and mental health systems tend to adopt a "one size fits all" approach that rely on options available to that system rather than the actual needs of the youth and family. Such approaches result in a number of high-profile negative results:

- Reliance on disruptive and restrictive options such as residential treatment and psychiatric hospitalization, which can cost tens of thousands of dollars monthly despite a lack of any evidence for



Expenditures for children by severity of behavioral health need (Robert Wood Johnson Foundation. 1990)

[4] VanDenBurg, John, et al (Fall 2003). "History of the Wraparound Process." *Focal Point: A National Bulletin on Family Support and Children's Mental Health*, p. 5.

[5] Ibid., p. 3.

effectiveness[6], and resulting in a tiny fraction of children in services using the vast majority of resources (see Figure on page 3);[7]
- Parents who must relinquish custody to obtain treatment for their children because of the lack of community based options or reimbursement mechanisms for needed services;[8]
- Detention rather than treatment for the estimated 50-70 percent of youth involved with juvenile justice nationwide who have mental health needs; and[9]
- The release of detained youth to the community without adequate support to safely transition them home with sufficient community services to address their serious needs.[10]

The vision of Wraparound is compelling. The vast majority of federally-funded systems of care use the model to implement systems of care values for individual families. The recently released final report from the President's New Freedom Commission on Mental Health includes as one of its major recommendations that every child with a serious emotional disturbance should have a family-driven, individualized plan of care. Though the research base on the model is still emerging, there have been a number of extremely encouraging evaluation results:

- Randomized clinical trials of Wraparound have found greater declines in delinquency and behavioral problems, greater increases in functioning, greater stability in residential placements, and greater likelihood of placement permanence than foster care or treatment-as-usual conditions.[11]
- Since implementation of the highly successful Wraparound Milwaukee project – which has grown to serve over 700 youth involved in juvenile justice – use of residential treatment has declined 60 percent, use of psychiatric hospitalization has fallen 80 percent, and average overall care costs for target youth has dropped by one-third, from over $5000 per month to less than $3300. Meanwhile, rates of offending behaviors for these youth have been cut from one-half to one-third from pre-treatment levels.[12]

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[6] Burns, B.J., Hoagwood, K., & Maultsby, L.T. (1998). "Improving Outcomes for Children and Adolescents with Serious Emotional and Behavioral Disorders: Current and Future Directions." *Outcomes for Children and_Youth with Behavioral and Emotional Disorders and Their Families*. Ed. M. Epstein, K. Kutash, and A. Duchnowski. Austin, Texas: Pro-Ed.

[7] Robert Wood Johnson Foundation, 1990.

[8] Maryland Council on Parental Relinquishment of Custody to Obtain Health Services (2003). *Draft Text Final Report*. Annapolis, Maryland: Author, and Bazelon Center for Mental Health Law (2000). *Relinquishing Custody: The Tragic Result of Failure to Meet Children's Mental Health Needs*. Washington, DC: Author.

[9] Hubner, J. & Wolfson, J (2000). *Coalition for Juvenile Justice 2000 Annual Report*. Washington, DC: Coalition for Juvenile Justice.

[10] Ibid.

[11] Clark, H.B., Lee, B., Prange, M.E., & McDonald, B.A. (1996). "Children Lost within the Foster Care System: Can Wraparound Service Strategies Improve Placement Outcomes?" *Journal of Child and Family Studies*, 5(1), p. 39-54, and For a review of case study, quasi-experimental, and experimental studies of Wraparound, See Burchard, Bruns, and Burchard,(2002).

[12] Kamradt, B. (2000). "Wraparound Milwaukee: Aiding youth with Mental Health Needs." *Juvenile Justice Bulletin*, 7(1), p. 14-23.

- In Santa Cruz County, California, adoption of a system of care approach that employed the Wraparound model reduced special education and out-of-home care expenditures dramatically after implementation started in 1986 (see below):[13]

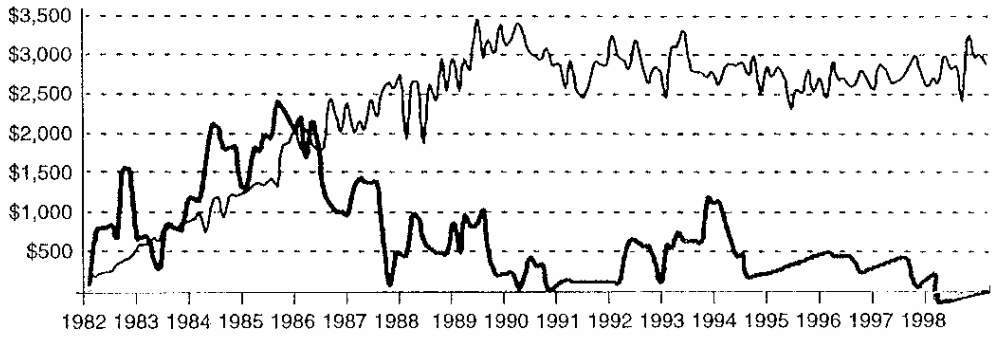

Figure 1. State of California and Santa Cruz County special education expenditures for out-of-home placements. (From Jacobson, D., & Cervine, D. [1998]. Santa Cruz County ninth annual report on the comprehensive interagency system of care for children and youth [p. 3]. Santa Cruz, CA: Santa Cruz County Children's Mental Health; reprinted by permission of author and publisher.) (*Key:* ▬ Santa Cruz County's expenditures; — California's expenditures.)

One does not have to travel outside the state to find such success stories. Legislation in Maryland in the early 1990's led to the implementation of Return and Diversion from Out of State (ROS/DOS) programs in jurisdictions statewide. The result of this approach to allow service dollars to be pooled and "follow the child" (and thus pay for proactive, team- and family-driven planning) was a reduction from over 800 children being treated in out-of-state facilities to approximately 100 today. A quasi-experimental study conducted in Baltimore City found that 47% of youth returned from out-of-state residential treatment and into Wraparound were achieving stringent criteria for "excellent" or "good" community adjustment (e.g., attending school or work 85% of all days, no offending behaviors, residing in a community placement) compared to only 8% of children who were not discharged to treatment via Wraparound.[14] The State needs to build upon this proven success.

III. <u>THE HISTORY OF WRAPAROUND IN MARYLAND:</u>

Even with the successful projects such as the ROS/DOS programs, Maryland continues to rely heavily upon residential and institutional care. As stated in the Joint Chairmen's Report, April 2003, the implementation of a comprehensive statewide Wraparound process in Maryland is not a new concept. In fact, that there have been several similar attempts to bring a coordinated and comprehensive system of care to this State. The history of Wraparound and community based programming within the State of Maryland began with *The Interagency Plan for Children with Special Needs, January 1986*. This interagency plan, organized by Governor Harry Hughes, was part of the Children and

[13] Jacobson, D. & Cervine, D (1998). *Santa Cruz County Ninth Annual Report on Comprehensive Interagency System of Care for Children and Youth*. Santa Cruz, CA: Santa Cruz County Children's Mental Health, p. 3.

[14] Hyde, K.L., Burchard, J.D., & Woodworth, K (1996). "Wrapping Services in an Urban Setting." *Journal of Child and Family Studies,* 5(1), p. 67-82.

Youth Initiatives of 1985. This plan included three main purposes: "[i] to set priorities for developing and expanding services required by special needs children and their families; [ii] to ensure that resources targeted for special needs children are administered effectively and efficiently by increasing interagency coordination in the planning, financing, case management, and administration of services; and [iii] to establish an agenda for action that can be useful to State administrators, the General Assembly, advocates, parents, and provider agencies as they gauge progress in meeting children's needs."[15]

The next chapter in the evolving history of Wraparound came in 1989 when Governor William Donald Schaefer issued an Executive Order (01.01.1989.12) which established the Subcabinet for Children, Youth, and Families. The Subcabinet authored *The Subcabinet for Children, Youth and Families Final Report, March 1990* to illustrate its recommendations for improving the services and delivery of services to the youth. The recommendations were based on the following ideas: "Development of interagency planning, budgeting, and monitoring systems; development of tracking and assessment systems; improvement in staff development and training; improvement in the State Coordinating Council/ Local Coordinating Council process; flexible funding; and enhancement of family preservation programs."[16]

Then six years later, in 1996, Governor Parris N. Glendening created a task force to study systems reform for children, youth and families. *The Final Report of the Governor's Task Force on Children, Youth, and Families Systems Reform, November1996* stressed the need to build on the prior progress made in systems reform by establishing the State Commission on Children, Youth and Families, re-affirming the role of the local management boards, and encouraging the pooling of funds at both the State and local levels.[17]

It would be reasonable to question why an initiative which has roots back to the mid-1980's is not yet firmly established in Maryland. The answer is that Wraparound is much easier and more commonly applied in theory rather than practice. As discussed below, Maryland is not alone in this struggle. However, recent advancements in Wraparound in Maryland hold promise for our future.

IV. RECENT ADVANCEMENTS IN WRAPAROUND:

There have been several recent advancements in the creation and application of Wraparound services both nationally and in the State of Maryland.

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[15] *Interagency Plan for Children with Special Needs*. Prepared by Department of Human Resources, Department of Health and Mental Hygiene, and Maryland State Department of Education. Maryland: January 1986, p. vii.

[16] *Subcabinet for Children, Youth and Families Final Report*. Prepared by Subcabinet. Maryland: March 1990, p. i-ii.

[17] *Final Report on the Governor's Task Force on Children, Youth, and Families Systems Reform*. Prepared by Governor's Task Force on Children, Youth, and Families Systems Reform. Maryland: November 1996.

A. Governor Ehrlich's First Executive Order:

Governor Robert L. Ehrlich Jr.'s first *Executive Order 01.01.2003.01* entitled *Standards of Conduct for Executive Branch Employees* states, "Employees shall conduct intra-agency and interagency relations predicated upon civility, collaboration, and cooperation for the sake of budgetary concerns, dignity and to achieve the goals of the Administration."[18] Wraparound requires and thrives on interagency collaboration from the executive levels of the organization to the direct care workers. This interagency collaboration has already proven successful through the work of the Council on Parental Relinquishment of Custody to Obtain Health Services established by the Governor's Second Executive Order.

The spirit of the Governor's First Executive Order was also carried out through an informal retreat held in September of this year. The purpose of this retreat was to give agency heads the opportunity to understand the needs of each other's agencies and discuss how they could work together for the benefit of the State of Maryland as a whole. The participants included Secretaries and/or their designees from The Department of Budget and Management, The Department of Public Safety, The Department of Juvenile Services, The Department of Human Resources, The Department of Health and Mental Hygiene, and The Maryland State Department of Education. The Governor's Chief of Staff, the Governor's Legal Counsel, the Director of the Governor's Office of Crime Control and Prevention, the Special Secretary of the Governor's Office for Children, Youth and Families, and the Superintendent of the Maryland State Police were also present for all or a portion of the retreat. Many of the ideas generated during this retreat are reflected below in Part V of this Report.

B. President Bush's New Freedom Initiative:

As discussed above in the Definition Section of this Report, President George W. Bush, through the *New Freedom Initiative* and *Executive Order 13217*, leads a nationwide endeavor to aid Americans with disabilities "transition from . . . institutions to living in the community."[19] The goal of this effort is to put emphasis on incorporating people with disabilities into the community through community based programs, as opposed to institutions. For instance, the President proposes providing respite care for caregivers of children and to place children with mental health disabilities into community based programs. As President Bush stated in testimony before the House Committee on Energy and Commerce in February of 2003, "It has been shown time and again that home care combines cost effective benefits with increased independence and quality of life for the recipients."[20] Specifically, through the "Money Follows the Individual" Rebalancing

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[18] Governor Robert L. Ehrlich Jr. *Executive Order 01.01.2003.01. Standards of Conduct for Executive Branch Employees*, 17 January 2003.
[19] Proposal for President's New Freedom Initiative Press Release. "President will Propose $1.75 Billion Program to Help Transition Americans with Disabilities from Institutions to Community Living." Centers for Medicare and Medicaid Services (CMS) Website. 23 January 2003. www.cms.hhs.gov.
[20] Ibid.

Demonstration, the President is proposing $1.75 billion for a five year plan to aid states in developing and implementing more community based packages for Americans with disabilities. The New Freedom budget proposes $2.1 billion in spending over five years.

The *New Freedom Initiative* also provides *Real Choice Systems Change Grants for Community Living*. The Department of Health and Mental Hygiene (DHMH) has recently been successful in receiving funding for both a grant to address respite care services and the *Maryland Community Based Treatment Alternatives for Children (C-TAC) Real Choices Systems Change Grant*, which has the following three principle goals:

- Complete a feasibility study as the foundation for initiating a demonstration project based on a home and community based waiver of the Psychiatric Residential Treatment Facility (PRTF) level of care;

- Develop an Implementation Plan for the Proposed Demonstration; and

- Develop an Evaluation Plan for the Demonstration.

As indicated by the success of these grant proposals, Maryland has already tapped into the resources provided under President Bush's New Freedom Initiative so that a coordinated system of community based care may become a reality in Maryland.

C. The National Wraparound Initiative:

Although the term "Wraparound" has been used by providers since the mid-1980s, there remains the need for a unified and complete description of how to achieve high-quality Wraparound in practice. The nation's leading Wraparound experts have recognized the need to create an agreed upon model in order for Wraparound to move beyond a philosophy or theory and into concrete practice. These experts have recently come together to form the *National Wraparound Initiative*.

The *National Wraparound Initiative* has united many of the major innovators in Wraparound toward the goal of fully defining the Wraparound model and specifying standards of care at the system, program and team levels. Such a well-defined model will provide specific strategies for undertaking a stepwise care planning and coordination process, as well as the necessary conditions to support the process. Given that research has shown that a high degree of fidelity to the Wraparound principles is necessary to achieve outcomes, such model development is critical. Availability of such protocols will facilitate effective supervision of providers and care managers, enable high-quality service delivery, and allow for adequate measurement of implementation fidelity and other types of quality assurance processes.

Building on foundational research and organizing work that has been completed over the past year, the *National Wraparound Initiative* has convened all major national innovators in the Wraparound approach, including parent advocates, trainers, researchers and

program leaders. Through a web-based Delphi process, this national advisory group plans to continue its work in order to:

- Definitively define terminology around the Wraparound process;
- Describe the sequence of steps to be followed in administering the Wraparound process for an individual family;
- Determine minimum standards for the process that must be implemented and the outputs that must result at each defined step of the Wraparound process for an individual family;
- Compile and describe practice options that may be implemented to achieve the minimum standards of high-quality Wraparound;
- Produce interactive training, coaching, supervision, and certification materials that supervisors and trainers can employ in an individual program, site, or jurisdiction; and
- Produce implementation and fidelity measures that are tied to the specific standards and practice options that can be used in quality assurance and evaluation research protocols.

The completion of this scope of work is urgently needed by programs and jurisdictions nationwide – including Maryland – that have not been able to benefit from a coherent, well-specified description of how to implement the Wraparound process. As discussed below, by combining funding sources, the above-referenced scope of work will not only be achieved, but the process will take place in Maryland.

D. The Creation of a National Model in the State of Maryland:

In October, 2003, the Department of Juvenile Services sought and received funding through the Juvenile Justice Advisory Council (JJAC) from the Governor's Office of Crime Control & Prevention's Youth Strategy Initiative to further the advancements of Wraparound in the State of Maryland. This proposal dovetails the above referenced C-TAC Real Choices System Grant awarded to DHMH under the federal *New Freedom Initiative.*

The C-TAC and JJAC grant funds will be combined to fulfill two project components:

- the assessment of Wraparound systems in Maryland; and
- the creation of a Wraparound model definition tailored to Maryland in conjunction with the *National Wraparound Initiative*.

The above two project components will result in the development of more effective community based service options for children and adolescents through the establishment of protocols and standards tailored to the practical implementation in this State. Through the blending of these two recent funding sources, the above-referenced ground breaking *National Wraparound Initiative* will now be coordinated out of the University of Maryland, Baltimore, allowing Maryland's public systems to apply the state-of-the art in Wraparound implementation to these opportunities, and to its specific populations of interest. In addition, the presence of researchers coordinating the *National Wraparound Initiative* and access to a well-defined Wraparound model has the potential to put Maryland in a position to submit successful applications to federal funding sources. Such federal grants would hold the promise of (1) providing resources to support service delivery initiatives, (2) accelerating the momentum for progressive policies in Maryland, and (3) making the state a national model for supporting the mental health needs of children and families.

E. Baltimore City and Montgomery County's Wraparound Pilot Programs:

Baltimore City and Montgomery County have established Wraparound pilot programs. In 1999, Baltimore Mental Health Systems (BMHS) and the Family League of Baltimore City (FLBC), the local management board for Baltimore city, convened a group of state and local representatives to begin exploring the development of a partial capitation pilot for the City. This work commenced in response to the identified need for a program to better serve children and adolescents with serious emotional disabilities. In 2002, Montgomery County, having also identified this need, joined Baltimore and a broader group of partners to develop a proposal. Both projects are supported by federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants.

In Baltimore City, the FLBC is one of the previously referenced agencies that has been providing Wraparound services to a population of serious emotional disabilities' (SED) youth being returned from out-of-state residential treatment center placements since 1991. Called the Return/Diversion Program, this project has reduced the population of youth out-of-state from approximately 150 to below 25 and has served over 400 youth. Most youth have been maintained in community based settings, including group homes, foster homes and natural families. The project has diverted millions of dollars from out-of-state expenditures back into community services for high-risk youth. In addition, the FLBC has operated the Wraparound Baltimore Project for the past year. This project, modeled on the Wraparound Milwaukee program, serves 25 youth using grant funds from the Subcabinet. FLBC partnered in this project with the Department of Juvenile Services (DJS) to serve youth under DJS jurisdiction in the community rather than at Residential Treatment Facilities (RTCs) or DJS residential facilities.

"Community Kids," an initiative of the Montgomery County's Health and Human Services Department and Montgomery County Collaboration Council for Children, Youth and Families, has been developing Wraparound services, interagency collaboration and family partnerships for SED children and their families. Community Kids is in the

fourth year of a six year SAMSHA grant cycle. Over 200 SED youth and their families have built child and family teams using natural supports, fee-for-service Medicaid services or limited private insurance services. The grant project has hired families of SED youth as staff to provide family-to-family support. The system of care project has worked to develop interagency partnerships, trainings, evaluation, and a functional data system.

The C-TAC and JJAC grant process will closely monitor the progress made and the struggles encountered by these two pilot programs and will use the experience of Baltimore City and Montgomery County to develop Maryland's statewide Wraparound model. For a more detailed report on the status of Wraparound in these two jurisdictions, please refer to Appendix C.

V. MARYLAND'S NEXT STEPS TO BRING THEORY INTO PRACTICE:

The potential of the Wraparound approach to reduce disruptive out-of-home placements, improve functioning, reduce offending behaviors, and control costs is clearly demonstrated. However, as history shows, it is much easier to embrace the Wraparound philosophy in principle than to actually implement it as a treatment approach. Common sense as well as research suggests that high levels of quality – as expressed by high levels of adherence to the Wraparound elements – are needed to achieve outcomes.[21]

In addition, system-level policy and funding supports are necessary to ensure that a provider, program, or jurisdiction can implement the Wraparound approach with high degrees of quality.[22] Some of the jurisdictional or system-level supports that are required include:

- Clear statements of adoption of the Wraparound model by governmental agencies, and adoption of supporting policies and procedures;
- Reimbursement statutes that support provision of services via Wraparound;
- Examination and expansion where necessary of the continuum of care so that critical support services (e.g., respite, mentoring) are available to families that need them;
- Data collection and sharing across public agencies (e.g., costs, outcomes), since multiple agencies are likely to be involved in each family and each family's Wraparound plan;
- Blending or braiding of funds across agencies to ensure agency buy-in and availability of adequate and flexible resources for families;

[21] Bruns, E.J., Suter, J., Burchard, J.D., Force, M., & Dakan, E. (2003). "Fidelity to the Wraparound Process and its Association with Outcomes." Ed. C. Newman, C. Liberton, K. Kutash, & R.M. Friedman, *The 15h Annual Research Conference Proceedings: A System of Care for Children's Mental Health*. Tampa: University of South Florida, Florida Mental Health Institute Research and Training Center for Children's Mental Health.

[22] Bruns, E.J., Burchard, J.D., Suter, J., & Leverentz-Brady, K (March 2003). *A National Portrait of Wraparound: Results from the Wraparound Fidelity Index*. Paper presented at the 16th Annual System of Care Conference: Building the Research Base, Tampa, Florida.

- Granting of flexibility and autonomy to providers to be able to participate on Wraparound teams, expend resources flexibly, and be part of a "one plan per family" process;
- Adequate resources to keep Wraparound care managers' caseloads low;
- Resources for training, re-training, and cross-training of public agency representatives in the principles of Wraparound, which are highly divergent from the typical educational base most providers have received; and
- Statewide Wraparound implementation oversight bodies that include representatives from high levels of government as well as providers, family members, and family advocates.

A. Future Opportunities in Maryland:

As described in the sections above, the Wraparound model has been found to be an effective means of implementing community based services for a number of populations. Doing so, however, requires planning and coordination by policymakers at high levels, such as agency heads and leaders in state government. In addition, provider organizations must have adequate resources to support families and their Wraparound teams.[23]

In Maryland, a number of applications of the Wraparound model have already been implemented, such as the Return and Diversion from Out of State (ROS/DOS) initiative, the current *Wraparound Baltimore* project, and the federally funded system of care in Montgomery County. In addition, numerous other opportunities have been identified where Wraparound may be implemented. However, moving toward greater statewide emphasis of the Wraparound approach will require a careful stepwise process to be successful. The following opportunities for action in Maryland were identified as a result of discussions at the previously referenced retreat inspired by Governor Ehrlich's First Executive Order:

1. **Examine opportunities for implementing community based services and supports via a team-driven Wraparound approach as an alternative to costly and disruptive out-of-home placement**. Opportunities that were preliminarily identified included:
   - Pilot projects to divert youth entering the DJS system with low to moderate risk of re-offending from detention and into Wraparound care;
   - Aftercare for youth involved with DJS and being discharged from detention;
   - Supporting eligible families who require a community based individualized service strategy to avoid relinquishment of custody of their children; and
   - Alternative placements for youth currently being served via residential treatment or psychiatric hospitalization (funded perhaps via a capitated model). Such a strategy would potentially allow these youth to be more effectively served at lower levels of restrictiveness and lower overall costs as well as enable restrictive

[23] Walker, J.S., Koroloff, N., & Schutte, K. (2003). *Implementing High-Quality Collaborative Individualized Service/Support Planning: Necessary Conditions*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.

treatment setting facilities to transition to support service provision roles (such as crisis stabilization and respite care).

2. **Undertake a system-level assessment of the policy and funding context in Maryland and individual jurisdictions to assess its alignment with the necessary conditions for Wraparound.** Such assessments can be conducted using demonstrated assessment measures, such as those developed by researchers from Portland State University and the Universities of Maryland and Vermont guiding the *National Wraparound Initiative*.[24] Results could then become a focus of interagency planning and collaboration that ensures such conditions are in place at multiple levels. Examples include:
   - Assessing the adequacy of the continuum of community based services and supports;
   - Examining funding, rate setting, and reimbursement policies;
   - Examination of staffing, planning, and treatment policies and regulations across child-serving agencies;
   - Maximizing federal resources;
   - Identifying needs and opportunities for training and cross-training of personnel; and
   - Data collection and sharing policies and infrastructure.

3. **Assess the level of functioning of current Wraparound programs in Maryland, to examine (1) their level of fidelity to the Wraparound model and (2) adequacy of supports provided for these programs by the statewide funding and policy context.** Such an undertaking would dovetail with the system-level assessments described in the previous section. Conducting assessments of the functioning of Wraparound projects and the supports they receive would enhance the knowledge generated via interviews with agency heads and public officials by engaging family members and providers. Results would go far toward demonstrating how the system and policy context in Maryland impacts upon existing programs, and help aid efforts to improve the functioning of statewide systems across public agencies.

4. **Ensure that Maryland has access to and employs a well-operationalized Wraparound treatment model that specifies standards for programs and protocols for providers.** Previous research suggests well-described but flexible protocols for care provision are needed to ensure fidelity to the Wraparound principles, which in turn, is associated with better outcomes for families. Such protocols and standards are emerging, but their lack of development has been a major impediment for Wraparound providers and researchers alike. To be most likely to achieve successful outcomes and to be able to better monitor quality of service provision via Wraparound, the development of such protocols and standards should be supported. These protocols and standards would then need to be tailored for implementation in Maryland.

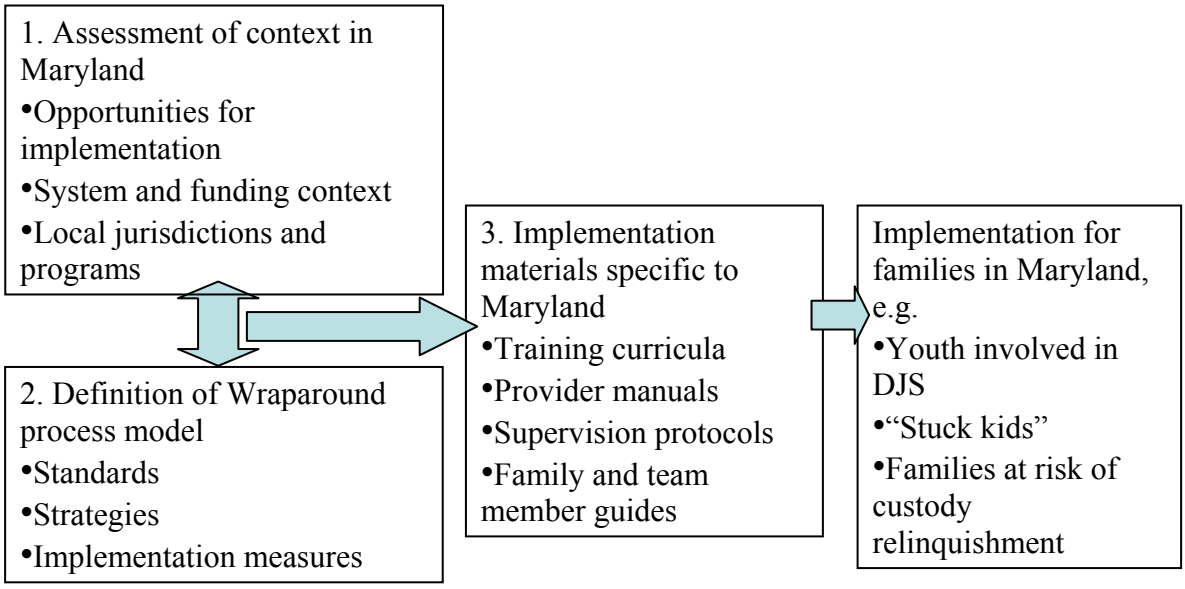
[24] Bruns, E.J., Walker, J., & Burchard, J.D. (2003). *Plan for the National Wraparound Initiative*. Baltimore, MD: University of Maryland School of Medicine, Department of Psychiatry.

5. **Build on the above steps to propose and implement federally-funded clinical trials of Wraparound.** Maryland already has demonstrated the capacity to use state-academic partnerships to secure federal funding to implement and test innovative treatment approaches for children and families. By pairing state-of-the-art implementation protocols for Wraparound with good outcome and cost measurement protocols, proposals to federal funding sources will be well-positioned to be funded. Such an outcome holds the promise of (1) providing resources to support service delivery initiatives, (2) accelerating the momentum for progressive policies in Maryland, and (3) making the State a national model for supporting the mental health needs of children and families.

B. Systematic Steps:

As depicted in the figure below, several steps must be systematically taken to ensure that the Wraparound process will be successful in pilot programs and, ultimately, for broad application in Maryland. In brief:

1. The funding and policy context in the State must be adequately understood to facilitate statewide and jurisdiction-level policy development that will support implementation of Wraparound;
2. The Wraparound process must be adequately understood and described to allow for high-quality implementation; and
3. State-of-the-art, intensive training and supervision curricula must be created that are based on the well-described Wraparound Model and tailored to Maryland.



The high level of interest in seeing these systematic steps through to completion and making Maryland a model state for implementing the Wraparound approach is reflected

in the Maryland Council on Parental Relinquishment of Custody to Obtain Health Services Report to the Governor (2003) which calls for coordinated case management. This fertile environment for moving forward with such steps is also evidenced by the recently successful C-TAC and JJAC grants as well as the established pilot programs in Baltimore City and Montgomery County. Maryland is ready to become a national model in turning Wraparound from theory into practice.

VI. BUDGET RELATING TO WRAPAROUND

Completion of a statewide Wraparound budget requires two pieces of information: cost for Wraparound and the number of eligible youth. Neither piece of information is currently available.

The Maryland Mental Hygiene Administration (MHA) and the Medicaid Administration, in partnership with Baltimore City and Montgomery County, have been engaged in the development of a pilot demonstration project to serve youth with severe mental health needs using a partial capitation rate and a Wraparound model. The pilot projects planned for Baltimore city and Montgomery County will provide experience that will be invaluable for evaluating the rate and determining whether the target population is correctly identified. It is anticipated that a year's experience will be needed to obtain this information. The pilot proposes to serve youth in the following categories:

- Youth in in-state Residential Treatment Centers (RTCs);
- Youth in an out-of-state RTCs;
- Youth who have had at least three psychiatric hospitalizations in one year or five in a two year period or who have been in a psychiatric inpatient facility for more than 30 days beyond when they are ready for discharge; and
- Youth approved for RTC placement and are awaiting such placement.

The pilot will be designed to serve 150 youth in each jurisdiction.

The University of Maryland, Baltimore County, under contract to Medicaid, is taking the lead on the rate-setting work. It is proving to be extremely complex. They are researching the cost data on the target population to determine how much Medicaid spends on such youth for typical, eligible services. This will provide the basis for the Medicaid portion of the rate, since the goal is to spend the same or less in a capitated model than is currently being spent on eligible youth. Much of this work is complete.

The next step, which is in process, is to determine the benefit package the rate will cover. It is important for both the rate-setting and for the determination of whether the rate is adequate to know what services a pilot would be responsible for covering.

A third step, which has yet to begin, will involve the inclusion of the Department of Juvenile Services, the Department of Human Resources, the Department of Budget and Management, the Maryland State Department of Education, and the Governor's Office of Children Youth and Families in the process. Since the Medicaid rate is unable to support

all possible costs for the projected youth, partner agencies will be needed to contribute to the capitated rate. Extensive work is needed to determine how much funding should be sought from the partner agencies.

Finally, the risk corridors need to be established. How much of the risk for higher than planned costs should be borne by the service provider, local jurisdiction Core Service Agencies/Local Management Boards or the State? In the reverse, what should happen if eligible youth can be served for much less than the rate established by historical spending patterns? Initial discussions on such issues have begun and are vital to the rate setting process.

Since Wraparound as presently being addressed by the Baltimore City and Montgomery County pilot programs target youth with severe mental health conditions, youth with solely developmental disability (DD) needs would not qualify for services under this model. Therefore, it is recommended that similar fiscal process be led to examine how a comparable continuum of services can be made available to the DD population.

It is important to build upon on-going work like the rate-setting process that is underway. Experience in the pilot Wraparound projects will also bring information to guide decisions of rates and target populations. Because of the large funding implications, the definition of the target population(s) should be set by the Subcabinet.

Implementation Timeline/Cost[25]

Implementation Steps	**Lead**	**Timeline (immediate, short, long-term)**	**Cost (High, Medium, Low)**
Establish a partial capitation rate	Medicaid, MHA and UMBC	Short	Low
Implement pilot Wraparound project in other jurisdictions	MHA, Medicaid and DJS	Short	Medium
Involve other child and family serving agencies in rate development to solicit contribution to Wraparound cost	MHA and Subcabinet	Short	Potentially high, depending on definition of eligible population
Evaluation of utility of Wraparound for the DD population	DDA	Short	Potentially high

[25] *HB1386 Planning Committee Report*. Prepared by Financial Subcommittee for HB1386 Planning Committee. November, 2003.

Explore how a similar continuum of services can be made available to the DD population	DDA	Short	Potentially high, depending on definition of eligible population.
Define eligible population (s) for Wraparound services	Subcabinet	Immediate	Potentially high

VII. CONCLUSION:

Given the great expense and poor outcomes of traditional care approaches for children with serious emotional problems, it is not surprising that the Wraparound process has become one of the most popular strategies for implementing the system of care philosophy for children with serious emotional or behavioral disorders. The adoption of a Wraparound process has for decades been the primary proposed means for accomplishing such reform in this State.

Maryland is poised to implement systematic statewide reforms to child-serving systems. As discussed above, though the vision for Wraparound is compelling, it is much easier to embrace the Wraparound philosophy in principle than to actually implement it as a treatment process. This is in large part due to the fiscal intricacies noted in the previous section. We remain today to be a State that heavily relies upon unnecessary residential and institutional care. Maryland must continue to aggressively build up community based services. To do so will cost money and we are all well aware of the tight fiscal times the State is now forced to reconcile. However, we must keep in mind that true interagency collaboration will reduce duplicative systems and in that end has the potential to realize administrative savings which will be redirected to community based services. Further, we are fortunate in that the federal government through President Bush's *New Freedom Initiative* is supportive of the reform we seek to bring to Maryland. Therefore, we must be ready to invest State dollars while we create a national Wraparound model tailored to Maryland. This in turn puts us directly in line with the *New Freedom Initiative* and may put us in a position to secure additional federal funding.

Maryland is ready to move toward adopting the Wraparound process in earnest and the State must work together to continue the current momentum of progress. Prior successes in the State, existing Wraparound projects, and an increasing urgency across agencies to develop an infrastructure for delivering high-quality community based services all have combined to create a sincere motivation to both change systems as well as implement a well-defined statewide Wraparound model. Most importantly, Wraparound holds the promise of improving the well-being of Maryland's families by matching appropriate services to needs.

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